



County of San Bernardino • Department of Public Health DIVISION OF ENVIRONMENTAL HEALTH SERVICES

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COMMERCIAL SPA SPECIFICATION SHEET

PROJECT NAME/ADDRESS _____ Phone No. _____

CONTRACTOR'S NAME/ADDRESS _____ Phone No. _____

OWNER NAME/ADDRESS _____

- A. Plot Plan — Show all existing and proposed facilities (separate sheet).
- B. Scale (1" = 1') — Top view and profile view required.
- C. Mechanical Equipment — Include all mechanical equipment and plumbing layout on plan.
- D. Ancillary Facilities — Show floor plan, plumbing and finish schedule for **restrooms, showers, dressing rooms** and **drinking fountain**.
(Ancillary facilities may be omitted when bathers have access to living quarters or clubhouse not more than 300 feet in walking distance from the pool.)
- E.
 1. Spa Construction: Gunite _____ *Other _____ ; Color - white or pastel.
 2. Surface Area _____ square feet. (250 sq. ft. maximum)
 3. Skimmer: Make _____ Model _____ Equalizer _____
 4. Spa Capacity _____ gallons.
 5. Number of Return Inlets _____ (At least 1 required.)
 6. Size of main suction line at main drain _____ ; at skimmers _____ .
— Split main drain required.
 7. Drain covers: Make _____ Model _____ Size _____
- F. Pump: GPM @ 60' TDH _____ HP _____ Make _____ Model _____
- G. Filter: Make _____ Model _____ Size _____
- H. Separation Tank for DE Filters - Make _____ Model _____
 1. Wastewater disposal to sewer _____ Drywell _____ *Other _____
 2. Size of drywell _____ ' X _____ ' _____
- I. Backwash via proper air gap (sight glass required).
- J. Size of fill line _____ in.; equipped with approved backflow prevention device _____.
- K. Depth markers _____ (at least 2 minimum)
- L. Handhold: Standard bull-nosed _____ Cantilevered deck _____ *Other _____
- M. Decking material _____ (must be 4 ft. wide with nonslip surface and a 2% slope away from spa extending around at least 50% of its perimeter). Show deck detail including drains.
- N. Chlorinator: Make _____ Model _____
- O. Flowmeter: Make _____ Model _____
- P. Influent and effluent pressure gauges at same elevation _____
- Q. Heater: Make _____ Model _____ Type face pipe _____ Size face pipe _____ in.
- R. Bypass: Size bypass _____ in. Bypass valve _____ . (Bypass req. if pump gpm exceeds heater rating)
- S. Equipment floor with properly trapped and vented floor drain _____ , or floor sloped to prevent standing water _____
- T. A hose bibb is provided in pool area _____
- U. Safety Equipment:
 1. SIGNS:
 - a. ☐ NO LIFEGUARD ON DUTY
 - b. ☐ Warning sign regarding use of spa pool
 - c. ☐ Emergency phone numbers
 - d. ☐ Illustrated artificial respiration
 - e. ☐ Occupant capacity
 - f. ☐ A clearly labeled emergency shut-off switch for control of **both** the jets and the recirculation system. Note: Emergency shut-off switch shall be located at least 5 feet, but not more than 20 feet away from the spa, and within the enclosure.
 2. ☐ Pool test kit. ☐ First Aid kit.
 3. ☐ Manufacturer's instructions for operation and maintenance of mechanical and electrical equipment.
 4. ☐ Underwater light.
 5. ☐ Spa vacuum.
 6. ☐ Fence: Minimum enclosure must be 4 ft. high, maximum openings to be 4 inches. (Including all gates and/or doors that may open onto spa.)

SHOW FENCE DETAIL.

*SPECIAL APPROVAL REQUIRED (submit details)

NOTE: THIS SPECIFICATION SHEET MUST BE COMPLETED IN ITS ENTIRETY. AFTER APPROVAL, THIS INVENTORY SHEET BECOMES PART OF THE PLANS FOR THE PROPOSED SPA. EQUIPMENT LISTED ON PLANS MUST MATCH EQUIPMENT SHOWN HERE.

Signature of Spa Owner or Contractor